

The Guide to Medicare Preventive Services

for Physicians, Providers, Suppliers, and Other Health Care Professionals

Errata Sheet

Errata Sheet Release Date: June 2006

Please note that since the May 2005 version of *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* was printed, the following corrections or changes have been identified. Please keep the latest version of the errata sheet with your hard copy of the May 2005 guide. Please note that the online version of this guide will contain the most current information. The online version of this guide may be reprinted or redistributed as needed. This errata sheet will be updated quarterly or more frequently when deemed necessary.

Medicare Expands Preventive Benefits for Seniors		
Page Number	Section Title and/or Number	Description of Change
ii	1 st paragraph, 3 rd sentence	Change “contributed” to “attributed”.

Initial Preventive Physical Examination																
Page Number	Section Title and/or Number	Description of Change														
4	Coding and Diagnosis Information	HCPCS codes G0367 and G0368, delete from both code descriptors – “Electrocardiogram, routine ECG with at least 12 leads...”														
6	Types of Bills for FIs Table 2	Replace Table 2 in its entirety with the following table: <table><tr><th>Facility Type</th><th>Type of Bill</th></tr><tr><td>Hospital Inpatient Part B including Critical Access Hospitals (CAHs)</td><td>12X</td></tr><tr><td>Hospital Outpatient</td><td>13X</td></tr><tr><td>Skilled Nursing Facility (SNF) Inpatient Part B</td><td>22X</td></tr><tr><td>Rural Health Clinic (RHC)</td><td>71X</td></tr><tr><td>Federally Qualified Health Center (FQHC)</td><td>73X</td></tr><tr><td>CAH Outpatient*</td><td>85X</td></tr></table>	Facility Type	Type of Bill	Hospital Inpatient Part B including Critical Access Hospitals (CAHs)	12X	Hospital Outpatient	13X	Skilled Nursing Facility (SNF) Inpatient Part B	22X	Rural Health Clinic (RHC)	71X	Federally Qualified Health Center (FQHC)	73X	CAH Outpatient*	85X
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Rural Health Clinic (RHC)	71X															
Federally Qualified Health Center (FQHC)	73X															
CAH Outpatient*	85X															
7	Special Billing Instructions for RHCs/FQHCs	Effective 07/01/06: Add to last bullet: RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 in lieu of revenue code 0520. See <i>CR 4210</i> .														

Cardiovascular Screening Blood Tests

Page Number	Section Title and/or Number	Description of Change
16	Types of Bills for FIs Table 3	Replace Table 3 in its entirety with the following table. See CR 3835 (regarding TOB 14X).

Diabetes Screening Tests, Supplies, Self-Management Training, and Other Services

Page Number	Section Title and/or Number	Description of Change														
21	Risk Factors, 4 th bullet	Change “intolerance” to “tolerance”.														
24	Types of Bills for FIs Table 2	<p>Replace Table 2 in its entirety with the following table. See <i>CR 3835 (regarding TOB 14X)</i>.</p> <table><tr><th>Facility Type</th><th>Type of Bill</th></tr><tr><td>Hospital Inpatient Part B including Critical Access Hospitals (CAHs)</td><td>12X</td></tr><tr><td>Hospital Outpatient</td><td>13X</td></tr><tr><td>Hospital Non-patient Laboratory Specimens including CAHs</td><td>14X</td></tr><tr><td>Skilled Nursing Facility (SNF) Inpatient Part B</td><td>22X</td></tr><tr><td>SNF Outpatient</td><td>23X</td></tr><tr><td>CAH Outpatient</td><td>85X</td></tr></table>	Facility Type	Type of Bill	Hospital Inpatient Part B including Critical Access Hospitals (CAHs)	12X	Hospital Outpatient	13X	Hospital Non-patient Laboratory Specimens including CAHs	14X	Skilled Nursing Facility (SNF) Inpatient Part B	22X	SNF Outpatient	23X	CAH Outpatient	85X
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34	Types of Bills for FIs Table 7	<p>Change 1st row of table, under Facility Type, from “Hospital Inpatient Part B” to “Hospital Inpatient Part B including Critical Access Hospitals (CAHs)”; change last row under Facility Type from “Critical Access Hospital (CAH)” to “CAH Outpatient”.</p> <p>Add new row to bottom of table: Facility Type: Federally Qualified Health Center (FQHC); Type of Bill: 73X; Revenue Code: 052X. See <i>CR 4385</i>.</p>														
38	Diagnosis Requirements Types of Bills for FIs Table 10	<p>1st paragraph, change to: “Medical Nutrition Therapy services are available for beneficiaries with diabetes or renal disease. The treating physician must make a referral and indicate a diagnosis of diabetes or renal disease.” See <i>CR 3955</i>.</p> <p>Add new row to bottom of Table 10: Facility Type: Federally Qualified Health Center (FQHC); Type of Bill: 73X; Revenue Code: 052X. See <i>CR 4385</i>.</p>														

Diabetes Screening Tests, Supplies, Self-Management Training, and Other Services

Page Number	Section Title and/or Number	Description of Change
39	Diabetic Supplies and Services box	<p>1st paragraph, change to: "The Medicare Fee-for-Service Program may not cover all supplies and equipment for beneficiaries with diabetes. The following may be excluded:"</p> <p>Delete "prescription drugs" and "routine or yearly physical exams" from the list.</p> <p>Add sentence: "Contact your local Medicare Contractor for more information on coverage exclusions."</p>

Mammography Screening

Page Number	Section Title and/or Number	Description of Change
Throughout chapter	Throughout chapter	Change chapter tab/title to read "Screening Mammography".
48	Types of Bills for FIs Table 2	Effective 07/01/06: Insert new row to Table 2: Facility Type: Hospital Inpatient Part B including Critical Access Hospitals (CAHs); Type of Bill: 12X; and Revenue Codes: 0403. See CR 4243.
49	Additional Billing Instructions for RHCs and FQHCs	Effective 07/01/06: Change Professional Component, 2 nd bullet, to read: "RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 to report the related visit". See CR 4210.

Screening Pap Tests

Page Number	Section Title and/or Number	Description of Change																		
58	Diagnosis Requirements	Add Pap test diagnosis code V72.31 to Table 4. See CR 3659.																		
59	Types of Bills for FIs	<p>Delete from statement above Table 5: "[and two additional bill types in limited situations with Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)]"</p> <p>Replace Table 5 in its entirety with the following table:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Facility Type</th><th>Type of Bill</th><th>Revenue Codes</th></tr> </thead> <tbody> <tr> <td>Hospital Inpatient Part B including Critical Access Hospitals (CAHs)</td><td>12X</td><td rowspan="2">0311</td></tr> <tr> <td>Hospital Outpatient</td><td>13X</td></tr> <tr> <td>Hospital Non-patient Laboratory Specimens including CAHs</td><td>14X</td><td>030X, 031X</td></tr> <tr> <td>Skilled Nursing Facility (SNF) Inpatient Part B</td><td>22X</td><td rowspan="3">0311</td></tr> <tr> <td>SNF Outpatient</td><td>23X</td></tr> <tr> <td>CAH</td><td>85X</td></tr> </tbody> </table> <p>See CR 3835 (regarding TOB 14X).</p> <p>Effective 07/01/06: See CR 4243 (regarding TOB 12X).</p> <p>Delete 1st Note below Table 5.</p>	Facility Type	Type of Bill	Revenue Codes	Hospital Inpatient Part B including Critical Access Hospitals (CAHs)	12X	0311	Hospital Outpatient	13X	Hospital Non-patient Laboratory Specimens including CAHs	14X	030X, 031X	Skilled Nursing Facility (SNF) Inpatient Part B	22X	0311	SNF Outpatient	23X	CAH	85X
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Screening Pap Tests

Page Number	Section Title and/or Number	Description of Change
60	<p>Additional Billing Instructions for RHCs and FQHCs</p> <p>Coding Tip Text Box</p> <p>Billing Requirements for the Professional Component for RHCs and FQHCs</p>	<p>Revise paragraph to read: “There are specific billing and coding requirements for the technical component when a pap smear is furnished in a RHC or FQHC. The technical component is defined as services rendered outside the scope of the physician’s interpretation of the results of an examination.”</p> <p>Add to end of 2nd sentence: “...except for RHCs and FQHCs.”</p> <p>Delete this section.</p>

Pelvic Screening Examination

Page Number	Section Title and/or Number	Description of Change																				
Throughout chapter	Throughout chapter	Change chapter tab/title and text throughout chapter to read “Screening Pelvic Examination”.																				
67	Diagnosis Requirements	Add pelvic examination diagnosis code V72.31 to Table 2. See CR 3659.																				
68	Types of Bills for FIs Table 3	<p>Replace Table 3 in its entirety with the following table:</p> <table border="1"> <thead> <tr> <th>Facility Type</th><th>Type Of Bill</th><th>Revenue Codes</th></tr> </thead> <tbody> <tr> <td>Hospital Inpatient Part B including Critical Access Hospitals (CAHs)</td><td>12X</td><td rowspan="5">0770</td></tr> <tr> <td>Hospital Outpatient</td><td>13X</td></tr> <tr> <td>Skilled Nursing Facility (SNF) Inpatient Part B</td><td>22X</td></tr> <tr> <td>SNF Outpatient</td><td>23X</td></tr> <tr> <td>CAH*</td><td>85X</td></tr> <tr> <td>Rural Health Clinic (RHC)</td><td>71X</td><td>052X</td></tr> <tr> <td>Federally Qualified Health Center (FQHC)</td><td>73X</td><td>052X</td></tr> </tbody> </table> <p>Effective 07/01/06: See CR 4243 (regarding TOB 12X).</p>	Facility Type	Type Of Bill	Revenue Codes	Hospital Inpatient Part B including Critical Access Hospitals (CAHs)	12X	0770	Hospital Outpatient	13X	Skilled Nursing Facility (SNF) Inpatient Part B	22X	SNF Outpatient	23X	CAH*	85X	Rural Health Clinic (RHC)	71X	052X	Federally Qualified Health Center (FQHC)	73X	052X
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69	Billing Requirements for the Professional Component for RHCs and FQHCs	Effective 07/01/06: Add to 2 nd paragraph: RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 in lieu of revenue code 0520. See CR 4210.																				

Colorectal Cancer Screening

Page Number	Section Title and/or Number	Description of Change
81	Types of Bills for FIs	<p>Add row to Table 5: Facility Type: Hospital Non-patient Laboratory Specimens including Critical Access Hospitals (CAHs); Type of Bill: 14X**; Revenue Codes: 030X, 031X (HCPCS G0107 and G0328 only). See CR 3835.</p> <p>Add a Note after the table explaining the double asterisk after TOB 14X that reads: “All hospitals submitting claims containing HCPCS G0107 and G0328 for non-patient laboratory specimens should use TOB 14X”. See CR 4272.</p>

Colorectal Cancer Screening		
Page Number	Section Title and/or Number	Description of Change
81	Types of Bills for FIs Table 6	Delete the following text in Table 6: "Each FI may choose to accept other bill types for the colorectal cancer screening procedures. If another bill type is used other than 13X, 83X, or 85X, contact the local Medicare FI to determine if the particular bill type is allowed."

Prostate Cancer Screening																													
Page Number	Section Title and/or Number	Description of Change																											
92	Types of Bills for FIs	<p>Replace Table 2 in its entirety with the following table. See CR 3835 (regarding TOB 14X).</p> <table> <tr> <th>Facility Type</th><th>Type of Bill</th><th>Revenue Codes</th></tr> <tr> <td>Hospital Inpatient Part B including Critical Access Hospitals (CAHs)</td><td>12X</td><td rowspan="2">0770 – DRE 030X – PSA</td></tr> <tr> <td>Hospital Outpatient</td><td>13X</td></tr> <tr> <td>Hospital Non-patient Laboratory Specimens including CAHs</td><td>14X</td><td>030X-PSA</td></tr> <tr> <td>Skilled Nursing Facility (SNF) Inpatient Part B</td><td>22X</td><td rowspan="2">0770 – DRE 030X - PSA</td></tr> <tr> <td>SNF Outpatient</td><td>23X</td></tr> <tr> <td>Rural Health Clinic (RHC)</td><td>71X</td><td>052X – DRE only</td></tr> <tr> <td>Federally Qualified Health Center (FQHC)</td><td>73X</td><td>052X – DRE only</td></tr> <tr> <td>Comprehensive Outpatient Rehabilitation Facility (CORF)</td><td>75X</td><td rowspan="2">0770 - DRE 030X - PSA</td></tr> <tr> <td>CAH</td><td>85X</td></tr> </table> <p>Effective 07/01/06: Add after 2nd Note: RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 in lieu of revenue code 0520. See CR 4210.</p>	Facility Type	Type of Bill	Revenue Codes	Hospital Inpatient Part B including Critical Access Hospitals (CAHs)	12X	0770 – DRE 030X – PSA	Hospital Outpatient	13X	Hospital Non-patient Laboratory Specimens including CAHs	14X	030X-PSA	Skilled Nursing Facility (SNF) Inpatient Part B	22X	0770 – DRE 030X - PSA	SNF Outpatient	23X	Rural Health Clinic (RHC)	71X	052X – DRE only	Federally Qualified Health Center (FQHC)	73X	052X – DRE only	Comprehensive Outpatient Rehabilitation Facility (CORF)	75X	0770 - DRE 030X - PSA	CAH	85X
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Influenza, Pneumococcal, and Hepatitis B Vaccinations		
Page Number	Section Title and/or Number	Description of Change
99	Procedure Codes and Descriptors Table 1 Diagnosis Requirements	<p>Add HCPCS/CPT Code 90660 – Influenza virus vaccine, live, for intranasal use</p> <p>Add to the end of paragraph: "Effective October 1, 2006, providers may report diagnosis code V06.6 on claims for influenza virus and/or Pneumococcal Polysaccharide Vaccines when the purpose of the visit was to receive both vaccines."</p>
100	Billing and Coding Requirements When Submitting to Carriers Billing and Coding Requirements When Submitting to Fiscal Intermediaries (FIs)	<p>Add HCPCS Code 90660 to the list of codes in the section.</p> <p>Add HCPCS Code 90660 to the list of codes in the section.</p>

Influenza, Pneumococcal, and Hepatitis B Vaccinations

Page Number	Section Title and/or Number	Description of Change
101	Types of Bills for FI Table 2	Change 1 st row of table, under Facility Type , from "Hospital Inpatient Part B" to "Hospital Inpatient Part B including Critical Access Hospitals (CAHs)".
104	Reimbursement of Claims by Fiscal Intermediaries (FIs)	Effective 07/01/06: Change sentence to read: "...except CORFs, Indian Health Service (IHS) hospitals, IHS CAHs, and independent RDFs, which are paid based on 95% of the Average Wholesale Price". See CR 4240.
105	Coverage Information	1st paragraph, 2 nd sentence: Change to read: "...once in a lifetime generally for all Medicare beneficiaries."
107	Diagnosis Requirements	Add to the end of the paragraph: "Effective October 1, 2006, providers may report diagnosis code V06.6 on claims for PPV and/or influenza virus vaccines when the purpose of the visit was to receive both vaccines."
109	Types of Bills for FI Table 4	Change 1 st row of table, under Facility Type , from "Hospital Inpatient Part B" to "Hospital Inpatient Part B including Critical Access Hospitals (CAHs)".
111	Reimbursement of Claims by Fiscal Intermediaries (FIs)	Effective 07/01/06: Change sentence to read: "...except CORFs, Indian Health Service (IHS) hospitals, IHS CAHs, and independent RDFs, which are paid based on 95% of the Average Wholesale Price". See CR 4240.
113	Procedure Codes and Descriptors	Effective 07/01/06: Add to Table 5: <ul style="list-style-type: none"> ♦ Add "(for other than OPPS hospitals)" to HCPCS/CPT Code G0010 – Administration of Hepatitis B vaccine ♦ Insert an asterisk to G0010; put the following note under Table 5: "***Note: For claims with dates of service prior to January 1, 2006, OPPS and non-OPPS hospitals report G0010 for Hepatitis B vaccine administration. For claims with dates of service of January 1, 2006 and later, OPPS hospitals report 90471 or 90472 for Hepatitis B vaccine administration as appropriate in place of G0010." ♦ Add HCPCS/CPT Code 90471* – Immunization administration (for OPPS hospitals billing for the Hepatitis B vaccine administration) ♦ Add HCPCS/CPT Code 90472* – Each additional vaccine (for OPPS hospitals billing for the Hepatitis B vaccine administration) See CR 4240.
115	Types of Bills for FI Special Billing Information	Change 1 st row, Facility Type , from "Hospital Inpatient Part B" to "Hospital Inpatient Part B including Critical Access Hospitals (CAHs)". Add double asterisks to Type of Bill codes 71X and 73X. Add a Note: "***Note: While Hepatitis B is a covered vaccine that is given by RHCs and FQHCs, it does not constitute a billable visit." Effective 07/01/06: Add: RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 in lieu of revenue code 0520. See CR 4210.
116	Reimbursement of Claims by Fiscal Intermediaries (FIs)	Effective 07/01/06: Change sentence to read: "...except CORFs, Indian Health Service (IHS) hospitals, IHS CAHs, and independent RDFs, which are paid based on 95% of the Average Wholesale Price". See CR 4240.

Bone Mass Measurements

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Glaucoma Screening

Page Number	Section Title and/or Number	Description of Change
135	Risk Factors	Insert 4 th bullet: Hispanic-Americans 65 and over (new addition to benefit in 2006). <i>See CR 4365.</i>
136	Risk Factors	1st paragraph, 1st sentence: Change to read "It is of special importance for African-Americans, Hispanic-Americans over 65, and those with diabetes to receive glaucoma screenings." <i>See CR 4365.</i>
138	Types of Bills for FIs Table 2	<p>Change Rural Health Clinic (RHC) Revenue Code to "Use bill type 71X and RHC revenue code 052X to report the related visit. FIs will only pay for the visit, 052X."</p> <p>Change Federally Qualified Health Center (FQHC) Revenue Code to "Use bill type 73X and FQHC revenue code 052X to report the related visit."</p> <p>Effective 07/01/06: Add after 2nd Note: RHCs and FQHCs will use revenue codes 0521, 0522, 0524, 0525, 0527, and 0528 in lieu of revenue code 0520. <i>See CR 4210.</i></p>